

ARKANSAS DEPARTMENT OF
FINANCE AND ADMINISTRATION
REQUEST FOR REASONABLE ACCOMMODATION

NOTE: Should you need assistance in completing this form, please contact the DFA Human Resources Section at (501) 324-9063.

NAME: _____ SSN: _____

PLEASE CHECK ONE AND COMPLETE THE INFORMATION:

_____ APPLICANT

_____ EMPLOYEE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OFFICE EMPLOYED/APPLYING: _____

HOME PHONE: () _____ WORK PHONE: () _____

DESCRIBE THE REQUESTED ACCOMMODATION:

(See back of form for additional space.)

Signature of Requesting Party or his/her agent

Date